Community Response Plan Template:

Guidance for Coordinated Response to Rapid Increase in Drug Overdoses

Ohio • 2020

TakeChargeOhio
Manage Pain.
Prevent Medication Abuse.

Ohio | Department of Health

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Contents

Overview

A Local Community Response Plan is an important part of responding to the opioid crisis facing Ohio. The Ohio Department of Health (ODH) and local partners from across the state have worked together to create this template. The template provides guidance, model language, and example forms for establishing a system to monitor local data sources, implement a response to a rapid increase in suspected overdose, and disseminate messaging to mitigate harm. Ideally, a local community plan is modeled after county emergency response policies and procedures. Your plan should also include key stakeholder input and carefully consider the recommendations laid out in this template. As you work to create your plan you many want to expand or modify the language to be applicable to your local community.

The template outlines spike events from two major data sources, EpiCenter and the Overdose Detection Mapping Application Program (ODMAP). Both systems intend to capture real-time data for suspected fatal and non-fatal overdoses. It is strongly recommended that you include both systems in your plan. You may consider additional information sources including coroner data, 911 call center information or evidence from neighboring communities. Messaging templates and confidentiality agreements for data sharing are available at the end of this guidance document for communicating with stakeholders and with the general public. Additional resources and general information about the opioid epidemic in Ohio can be found at the ODH website, www.odh.ohio.gov.

Purpose

Guidance:

A purpose statement for your Community Response Plan should broadly encompass the surveillance, activation, and response activities outlined within the plan. It is recommended that overdose information is monitored regularly using EpiCenter and ODMAP. You should look at other policies and use language that is modeled after them.

Example statement: The purpose of this document is to describe the process in which drug overdose events are monitored and community partners are notified and mobilized during periods of increased activity related to suspected drug overdoses. Community partners will be contacted and mobilized based on a variety of events including occurrences of EpiCenter alerts, ODMAP surges, or other alert circumstances initiated by first responders, community members, local governments, or the media. Implementation of this plan is intended to mitigate the circumstances and prevent additional injuries and fatalities.

Records of Edits/Revisions

Guidance:

This edit/revisions section should go in the place where it regularly appears in all your policies and procedures. It should include a date, specific descriptions of changes, and who was responsible for making those changes. A listing or a chart might help to clarify. See the example below:

Date	Change	Person responsible
12/20/2019	Definitions updated	Esther Benatar

Security/Information Sharing

Guidance:

Consider how you will ensure data sharing among all parties including from EpiCenter, ODMAP, patients presenting with suspected overdose, and decedents from suspected overdose. You should consider how information may be shared between agencies with different privacy requirements. Data sharing agreements or memorandums of understanding (MOUs) can be formal between specific partners or you can determine if specific language could be put in this section to support information sharing and privacy. In general, healthcare and mental health and addiction services are covered by the HIPAA Privacy Rule, and the sharing of specific health information is not permitted. Law enforcement, family members, and probation and court personnel are not required to comply with the HIPAA Privacy Rule. Verification of an alert to determine if a true spike is occurring should allow only authorized personnel to view protected health information to determine if duplicate encounters are present. Consult with your agency's designated HIPAA compliance officer if you have questions regarding data sharing, covered entities, and exemptions.

Example Language: Under state and federal law, agencies listed in this plan include HIPAA-covered entities and agencies exempt from complying with privacy rules. Protected health information (PHI) is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with state law. Documents including PHI are not to be released to the public unless required for law enforcement or judiciary purposes as outlined in state law.

The sharing of information between law enforcement and health providers is vital to assisting a person experiencing a crisis, connecting a person to needed services, and protecting the safety and security of all involved in a situation. Ohio law allows use or disclosure of data from a protected entity as necessary to prevent or lessen a serious and imminent threat to the health or safety of the client, another person, or the public. However, a rapid and/or unexpected increase in overdose incidence may be communicated using only aggregate data to minimize unauthorized disclosure. Individual PHI should only be shared in situations in which a medical emergency requires unauthorized disclosure.

Definitions

Guidance:

Clearly define all acronyms, abbreviations, and terms used in the Community Response Plan that could have subjective interpretation or be unfamiliar to a lay person. For example, EMS, as a shortened form of emergency medical services, should be included in your definitions section. It is important to define terms such as anomaly and overdose so that it is clear when to take action. Communities developing a response plan are highly encouraged to define the commonly used terms listed in the example below in their definitions section. Note that the terms suspected increase, surge, spike, and anomaly are used interchangeably throughout this document. Clarify if they will all be used in your final plan or pick a specific term.

- An **anomaly** occurs when overdoses detected in a 24-hour rolling period exceed the expected number of overdoses for that time period and location.
- **EpiCenter** is Ohio's syndromic surveillance system, which collects near real-time data from approximately 95% of emergency departments (EDs) in Ohio. Definitions have been developed in EpiCenter to identify ED visits related to suspected drug overdose. This suspected drug overdose data is used for both anomaly detection and to monitor and identify trends in suspected drug overdose.
- **ODMAP** provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events. It links first responders and relevant record management systems to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions.
- An **overdose** is an injury (poisoning) to the body that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.
- **Project DAWN** (Deaths Avoided with Naloxone) is Ohio's network of community naloxone distribution programs. These programs, operated on a local level, provide take-home naloxone kits and overdose response training to people at risk of opioid overdose and other community members who may be in a position to respond to an overdose.

Monitoring

Guidance:

This section establishes parameters for monitoring and reporting data. The activities and data provide needed information in identifying a possible surge. The Community Response Plan should implement a multi-agency approach to monitoring. This includes key partners such as, fire/EMS, law enforcement, public health, poison control, hospitals, and treatment facilities. Each of these agencies acts as a resource by providing predetermined data. Frequency of monitoring is established within the plan along with identifying a responsible party. The response plan should also include how information is to be monitored and when to report. Additional details for monitoring overdose activity address timeframe, transport to ED, area of occurrence, doses of Narcan administered, and demographic information. All of this information is essential in determining and identifying possible surge.

- Frequency of monitoring:
    - Responsibility for monitoring is with each agency that oversees and collects the identified data that is used to trigger a surge. Data that is collected in real time that reveals the presence of a surge will alert the party responsible for disseminating this information.
    - The information identified in the Community Response Plan for monitoring was determined to be necessary to capture during rapid increases in overdose incidence and on a day-to-day basis to capture in real time the overdose and drug environment. The partners that monitor, evaluate, and respond to real time data include Fire/EMS, law enforcement, public health, poison control, EDs/trauma systems, and treatment centers. These partners identify their own data as they are able to incorporate it into the plan. Note that not all agencies have the ability to track varying types of data. When developing your plan, you should communicate with partners to determine what information they are able to provide for a suspected or confirmed alert.
- Responsible agency and data resources:
    - Fire/EMS.
        - Number of overdose runs in specified timeframe.
        - Number of transports to emergency department.
        - Affected jurisdiction(s) and ZIP codes as applicable.
        - Number of doses administered on runs.

- Naloxone supply status for EMS agencies.
- Relevant information from scene such as race, gender, drug use, paraphernalia found, multiple overdoses, etc.

- Law enforcement.
  - Number of overdose runs in specified timeframe.
  - Law enforcement general situational awareness information.
  - Naloxone supply status for police agencies countywide.
  - Drug task force information such as local drug seizures, drug environment on the streets, any arrests or incidences of note, etc.
  - Law enforcement will need to determine if they will be using ODMAP for criminal investigation. If yes, this will require additional data only visible to law enforcement agencies. This data can be cross-referenced against a 14-state data base.
- Public health.
  - Number of overdoses identified in EpiCenter in specified timeframe.
  - Number of overdoses identified in ODMAP in specified timeframe.
    - A surge level can be identified within ODMAP that alerts the county and can be compared both to other counties and to statewide overdose levels.
  - Naloxone supply status for community members.
  - Relevant information from community outreach partners.
- Poison control.
  - Number of overdoses in region.
  - Number of overdoses in specified timeframe.
- Trauma/medical/hospital systems.
  - Number of patients admitted or identified with opiate-related/suspected overdose.
  - Number of doses administered to each patient on admission or an average for all patients to determine if incidents are connected.
  - Number of patients electing to go against medical advice (AMA).
- Treatment/crisis-management facilities.

- Number of patients admitted for treatment/crisis care in specified timeframe.
- Current capacity to receive new clients, updated on a regular basis in order to link patients.

Alert Analysis

Guidance:

This section outlines the process for investigating and verifying an increase in suspected drug overdose activity. Communities developing a response plan should meet with the key partners listed in the previous section to define thresholds for each of the data sources that could indicate an increase in overdose activity. Outline the process to verify the validity of a surge for each of the data sources including the timeliness of the investigation process. Examples are included below. This template covers EpiCenter and ODMAP as the primary data sources. Many jurisdictions use additional data, including 911 call data, coroner data, or large narcotics seizures, to monitor for increases in suspected overdose. Some jurisdictions also take proactive approaches to patterns. One example is a local jurisdiction that provides additional naloxone education and distribution near the first of the month, when spikes tend to happen.

- When an initiating agency recognizes a potential or actual increase in surge activity or activity that would indicate a public health emergency related to opiate overdoses, the responsible agency will make an initial assessment of the situation to verify the alert based on the data it monitors and collects. Each agency is responsible for the monitoring and verification of its data.
  - Each county and agency would insert a trigger level here that would result in "unusual circumstances" that would identify a surge.
  - Example:
    - Fire/EMS: Each agency should determine what constitutes a surge in its jurisdiction.
    - Public health: A validated increase of drug overdose admissions data in EpiCenter; a validated surge identified in ODMAP.
    - Law enforcement: A seizure of narcotics that reveals presence of fentanyl, carfentanil, or other analog that may indicate large presence of drug may be in circulation.

        - Medical/hospitals: EpiCenter automatically calculates if ED admissions with drug overdose codes cross a specified threshold.
- Steps to verify the alert.
    - From ODMAP.
        - Establishing thresholds for alerts.
            - Level 1 administrators have the ability to establish threshold alerts.
                - Alerts should be based on critical indicators for overdoses within the community.
                - For example, three or more overdoses in a 72-hour period or three or more overdoses in a 24-hour period.
        - Administrators will need to enter contact information for all parties who should be notified. ODMAP allows for alerts to be based on levels (1, 2, 3, or 4), and various times frames can be created for alerts, if needed.
        - Log in to ODMAP and set parameters of timeframe for the alert period (i.e., 24 hours, 72 hours, one week, etc.).
        - Review available data.
            - Identification of duplicate individuals (if visible).
            - Identification of the number of overdose cases and type.
            - Review for any trends.
                - Geolocation.
                - Bad batches.
                - Common drugs (if visible).
        - Contact any collaborating agencies for additional information.
    - From EpiCenter.
        - Log in to EpiCenter and initiate investigation by reviewing the patient details in the anomaly to assess the chief complaint in the "Reason" field, the discharge codes (if available), and longitudinal visits to the same emergency department or healthcare system to validate if the ED visit may be related to a drug overdose. An EpiCenter report titled "Anomaly: Patient Details – Acute Care Interaction EpiCenter" can be used to obtain additional information about the visit, such as triage

notes. Ideally, complete data on encounters should be reviewed or acquired.

- Review of the anomaly would include:
  - Identification of duplicate encounters of individuals.
  - Identification of the number of overdose cases and type.
  - Confirmation that the ED visit was related to a suspected drug overdose.
- If available collaborate with other data sources and partners (EMS, EDs, coroner/medical examiner).

- In EpiCenter there are several additional ways to assess the alert.
  - There are three customizable dashboards that can be accessed.
    - Ohio Basic Opioid Dashboard: This shows statewide trend data.
    - Ohio County-Level Dashboard: This shows demographic and ZIP code level county data.
    - Ohio Enhanced Dashboard: This shows statewide data, maps, and different drug types involved in the suspected overdoses.
- From other data sources.

- Inclusion/exclusion of certain circumstances (for example alcohol, marijuana or OTC drugs).

Key Partner Roles and Responsibilities

Guidance:

Partner agencies and organizations are an essential component of a strong Community Response Plan. The below section outlines the recommended roles that partners would play in the event of a spike in overdoses in a county. Please note the list is not exhaustive, rather it outlines recommended partners and actions they would take. The partners and actions should be modified to best fit your county. Recruit key stakeholders from your coalition and your Overdose Fatality Review as well as from the wider community. We recommend that you plan a meeting with key stakeholders identified to play a role in the response efforts; discuss roles and responsibilities they feel need to be addressed during an alert or are within their scope of practice. Once everyone has decided which roles/responsibilities they are comfortable with, get formal or informal commitments from agencies to fulfill those roles during an alert. Partner buy-in is a key component to ensuring that the plan can be effectively enacted in the event of a spike.

- Local health department – LHD will provide epidemiological surveillance, epidemiological verification and data investigation, and validation of data; inform partners and coordinate response; coordinate with Mental Health and Recovery Board (MHRB).
    - Consider activation of a joint information center (JIC) comprised of all key stakeholders.
    - Develop and disseminate coordinated messaging to the community.
    - Respond to media requests.
    - Create and share messaging templates with key partners.
    - Promote local resources for treatment and recovery services.
    - Assess inventory of naloxone across the county partners.
    - Acquire additional naloxone as needed.
    - Provide the public with action items, including but not limited to: carrying naloxone, advertising how to safely dispose of medication and store prescription medications, etc.
- Mental Health and Recovery Board – MHRB will inform treatment providers, social service agencies, recovery houses and others in the recovery community about the increase in overdose deaths and request they do the following:
    - Inform others, including treatment providers and recovery housing, about the overdose deaths and the lethality of the drugs in the community.
    - Perform intermittent bed checks in all group homes/recovery housing to check on the safety and well-being of the residents.

    - Ensure that Project DAWN kits are on site and accessible to residents.
    - Assist local health department in securing Project DAWN kits for first responders.
    - Alert treatment providers about potential increase in assessments and/or addiction treatment.
    - Consider activation of a crisis response team (CRT) and providing crisis responders to meet with groups of families/friends affected by overdoses.
    - Consider organizing community meetings for affected neighborhoods.
    - Promote local resources for treatment and recovery services.
    - Consider developing and implementing safe use messaging.
    - Support local first responder agencies to ensure they're providing appropriate care for their staff around compassion fatigue and secondary trauma.
- Local government leadership.
    - Identify and allocate resources.
    - Support communication and create public health awareness.
- Local law enforcement (*consider listing each law enforcement agency and responsibilities separately)* – Agency will have policy in place permitting officers to carry naloxone, work with local health department to ensure officers are trained and equipped with naloxone.
    - If already equipped with naloxone, ensure ample supply given volume of calls for service.
    - Consider moving up mutual aid resources to provide additional rapid response (dependent upon volume of calls for service).
    - Carry resource bags and identify additional resources as deemed necessary to distribute to individuals in crisis.
    - Activate quick response teams and consider rapid dissemination of information in cluster areas (if applicable).
    - Monitor ODMAP for corresponding increases.
    - Increase law enforcement presence in known "hotspots."
    - Consider mobilizing investigative personnel to begin determining source of OD spike.
    - Facilitate data sharing across jurisdictions and disciplines.

    - Law enforcement supervisors – ensure needs of staff around compassion fatigue and secondary trauma are addressed.
- Emergency medical services (EMS) – Responders will be trained in recognition of overdose symptoms, trained and carrying naloxone, and ensuring adequate supply of naloxone.
    - Ensure ample supply of naloxone given volume of calls for service.
    - Monitor ODMAP for corresponding increases.
    - Consider moving up mutual aid resources to provide additional rapid response or recalling off-duty personnel to staff additional apparatus.
    - Carry resource bags and identify additional resources as deemed necessary to distribute to individuals in crisis.
    - Coordinate with local emergency departments to ensure patients are transported to the appropriate emergency department.
    - Facilitate data sharing across jurisdictions and disciplines.
    - EMS supervisors – ensure needs of staff around compassion fatigue and secondary trauma are addressed.
- Project DAWN (if applicable) – Local health department will offer naloxone.
    - Promote project and increase outreach to those at risk and to their family members.
    - Act as connection to other entities to promote use and provision of naloxone.
    - Assist agencies with getting more naloxone if needed.
- Hospital EDs – EDs will be equipped with naloxone, communicate or coordinate with local health departments regarding incidents within the ED.
    - Ensure protocol is in place for educating and/or connecting patients regarding treatment and recovery support services available to them.
    - Ensure protocol is in place for education/providing naloxone upon discharge for opioid dependent/addicted patients.
    - Use local hospital notification system to advise of scenario including communication with local health department
    - Hospitals closest to cluster incidents may need to consider activating Code Yellow (disaster).
    - Identify additional resources needed based on characterization of the event.

- Hospital infection control professionals (ICPs) – ICPs will disseminate information to physicians, be involved in data verification and surveillance, serve as first line of contact to local health department's epidemiologist.
- Coroner's office – Office will assist with verification of data and emerging trends (new lethal substances).
    - Prioritize evidence analysis, per the pre-established plan.
    - Identify characteristics of apparent OD deaths and communicate with JIC for public alert, as needed.
- Local media.
    - Disseminate information from news releases.
    - Inform the community of the drugs trending in the community through press releases, social media platforms.
    - Promote Project DAWN sites.
    - Promote awareness and safe usage to active users.
- Dispatch centers.
    - Ensure dispatch is trained on signs of an overdose and how to communicate this to emergency responders.
    - Establish information sharing polices with law enforcement and fire/EMS agencies for communication.
- Emergency management agencies (EMAs).
    - Use existing emergency alert system to send spike notifications to partners.
    - Participate in JIC.
- Certified peer secovery supporters.
    - Establish a process for contacting and utilizing certified peer recovery support specialists in the event of an overdose spike.
    - Implement the referral system.
    - Contact certified peer recovery support specialists in the event of an overdose spike and deploy peers to determined location(s).
    - Alert recovery care organizations.
- Federally Qualified Health Centers (FQHC) – Centers will provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening and identification of drug prevention programs and include access to Vivitrol.

- Medical society alliance – Alliance will share information with health care providers.
- Blood-borne infectious disease prevention programs (if applicable).
    - Provide information on blood-borne pathogen prevention and testing associated with drug use.
    - Provide messaging on safe use.
    - Provide naloxone kits.
    - Provide fentanyl test strips if available.
- Contact ODH for additional naloxone kits.
    - Contact ODH for additional resources as needed.
    - Provide ODH with information requested through survey tool.
- Poison control.
    - Coordinate with ED and LHD regarding incidents of overdoses.
    - Offer additional resources as needed.

Notification templates can be found in Appendix A.

ODMAP

Guidance:

The Overdose Detection Mapping Application Program, known as ODMAP, is a free interactive tool designed to easily input and track fatal and non-fatal overdoses in real-time. This tool, developed by Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) program, is helping first responders to quickly identify sudden increases in overdoses as part of their workflow. ODMAP allows for identification of increased suspected overdoses when clients refuse transport or further medical assessment after being revived with naloxone and engages first responders as partners with public health in reducing overdose injury and fatality. ODMAP provides two secure levels of access to the program. Level 1 access involves first responders entering suspected overdoses in near real time and can be enabled to provide alert notification for sudden increases in suspected overdose events. Level 2 access allows for analysis and surveillance in real-time and retroactively across jurisdictions. We strongly recommend that first responders, including police, fire, or EMS, are given the responsibility for entering Level 1 data as part of their workflow immediately after stabilizing an emergency. ODMAP should be used in real time to provide up-to-date data during an increase in overdose incidence and retroactively as monitoring to help target interventions.

- Each entity will need to identify a process for entering data into ODMAP. Primary data entry will require Level 1 rights in the system.
- Communities will need to identify "required" fields for monitoring and surveillance purposes.
    - For example, fatal or non-fatal overdose, number of doses of naloxone administered, location, gender age, etc.
- Establishing thresholds for alerts.
    - Level 1 administrators have the ability to establish threshold alerts.
        - Alerts should be based on critical indicators for overdoses within the community.
        - For example, three or more overdoses in a 72-hour period or three or more overdoses in a 24-hour period.
    - Administrators will need to enter contact information for all parties who should be notified. ODMAP allows for alerts to be based on levels (1, 2, 3, or 4) and various times frames can be created for alerts, if needed.
- Entering data.
    - Primary data entry:
        - Fatal or non-fatal OD.

        - Location (address or longitude and latitude points entered through application on a mobile device).
        - Number of doses of naloxone administered.
    - Additional information can be entered by responding Level 1 entities.
        - Law enforcement will need to determine if they will be using ODMAP for criminal investigation. If yes, additional data will be required which is only visible to law enforcement agencies. This data can be cross reference against a 14-state database.
    - Example:
        - Small community or low number of ODs at county level.
        - Each OD entry is made by the local sheriff's office dispatcher.
        - Responding entity, whether it be sheriff's , fire, or other law enforcement officer, is "assigned" the OD entry within ODMAP.
            - Responding entity will enter any additional information.
                - Location.
                - Naloxone dosing.
                - Additional investigative information.
        - Larger community or high number of ODs.
            - Each responding entity designates a responsible position/person to begin entry of OD.
            - Identify required fields (location, number of naloxone doses, fatal or non-fatal, gender, age, etc.).

Appendix A:
Notification and Messaging

Notifications

Guidance:
The purpose of this section is to list how and who you will notify in the event of an alert circumstance. Consider an appendix where you create a drug overdose notification list (similar to an emergency phone tree) to be activated during an alert. Include stakeholder responsibilities during a verified alert. Meet regularly with community partners to determine who to contact. We strongly recommend creating an alternate protocol for weekends and after-hours incidents. Contact community partners as defined by the Community Response Plan using various methods, which may include: social media platforms, emergency notification systems such as WENS (Wireless Emergency Notification System), emails, or blast faxes to name a few. Consider varying levels of communication by agency, such as those notified immediately and those notified within 24 hours. In addition, be mindful of the information that is being shared, including health information that is protected by state law. It is recommended that only aggregate information regarding a suspected increase in suspected drug overdoses be shared especially via email, text message or public facing media (like social media or blast faxes).

If your county has an alert notification system, consider using this tool in order to notify all Community Response Plan members of a potential alert. Considering consulting the local health department's emergency preparedness team that generally has knowledge of how to utilize and send alerts to group members. These systems are predominantly overseen by an emergency preparedness (EP) team in order for them to notify members during emergency and disaster situations. A specific group of contacts can be entered and notified in mass alerts if any suspected surge is detected. Each contact can choose three different methods of receiving communication, and when the Community Response Plan is activated, they will receive this alert. You can let the individuals involved in surge response know of the current situation at hand and inform members of a potential conference call with all necessary call-in information. When an outside agency other than public health detects a surge, that

agency may notify the proper contacts at public health in order for a message to be disseminated to the group. As the plan is continuously updated, the contact list for the alert notification system can similarly be reviewed and updated as necessary.

Sample Notification List

Name	Agency/Role	E-mail	Work hour phone	After hours contact method
Name	Injury Prevention Coordinator	email@healthdept.gov	xxx-xxx-xxxx	Phone, email or other method
Name	Health Department Leadership	email@healtdept.gov	xxx-xxx-xxxx	Phone, email or other method
Name	Public Relations/PIO	email@healthdept.gov	xxx-xxx-xxxx	Phone, email or other method
Name	ADAMHS/MHRSB	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	First Responders Leadership (Police)	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	First Responders Leadership (Fire)	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	First Responders Leadership (EMS)	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	County Coroner	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	Hospitals	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	Project Dawn	email@agency.org	xxx-xxx-xxxx	Phone, email or other method

Sample Message Templates

Sample EpiCenter Alert

ATTACHMENT A – EXAMPLE EPICENTER ALERT COMMUNICATION

A public health alert based on hospital emergency department and urgent care patient chief complaints has been issued for the <insert municipality>, Ohio, area. Below is a summary of the alert based on the available limited information provided thus far to public health.

DESCRIPTION OF THE ALERT:

- Time of Anomaly: <Month Date, Year hh:mm a.m./p.m.>
- Time Detected: <Month Date, Year hh:mm a.m./p.m.>
- Indication: <insert indication> (ex. Emergency Department Registrations)
- Classification(s): <insert classification> (ex: Drugs (Traumatic Injury))
- Location: <insert municipality>, Ohio
- Analysis Method: <insert method> (ex: Recursive Least Squares)
- Data Conditioning Method: <insert data conditioning method> (ex. No Data Conditioning)
- Results of Analysis: <insert results> (ex. 25.00%, (15 actual cases/ 60 total cases))
- Records Totaled By: <insert location> (ex. Facility Location)

Between <Time Month Date, Year> and <Time Month Date, Year> XX cases with drug-related complaints were seen in emergency departments in <insert municipality>, Ohio. These XX interactions exceeded the predicted number of cases (4.60) and the case threshold (13.51) for this chief complaint.

Please contact <insert epidemiologist's name>, the epidemiologist, at (xxx) xxx-xxxx if any additional information is discovered and/or something new presents itself.

Sample News Media Template

Subject: Drug Overdose Alert Month/DD/Year

Date: Month/DD/Year

[Local Public Health Agency] has received alerts indicating a recent increase in suspected drug overdose activity in our community. We are issuing this alert to increase community awareness and advise first responders, healthcare providers, and substance users and their families of the increased risk for overdose in our community. This alert should serve as a notice to consider adjusting response capacity and implementing necessary protective measures which should include:

- Avoiding using of street drugs alone.
- Carrying naloxone and being prepared to use multiple doses when necessary.
- Administering naloxone for drug overdoses even when non-opioids are indicated.
- Having available and using necessary personal protective equipment.

If you have additional questions, please contact (local public health at phone number).

Thank you.

Sample Social Media Alert Language

OVERDOSE PREVENTION ACTION REQUESTED

Please share to help prevent overdose deaths this weekend!

Overdose deaths usually increase when a weekend falls at the first of the month. Please share this information with your partners, participants, recreational drug users or anyone affected by a substance use disorder to prevent overdose deaths this weekend.

Fentanyl is being mixed with all street drugs and not just opiates. The federal Drug Enforcement Administration recently warned of prescription pills that contain fentanyl. The little blue pills – which look like the real prescription drug – are deadly and they expect to see them in our community soon.

To prevent overdose deaths:

- Always have naloxone on hand. Find where you can get naloxone here: (insert community naloxone link).
- Do not use alone.
- Use fentanyl test strips. Find free fentanyl test strips here: (insert fentanyl test strip distribution/harm reduction here if applicable).
- Check in on friends, families, neighbors, and co-workers to share this information, naloxone and testing strips.
- If you suspect an overdose, call 911 immediately.
- If you or someone you know is struggling with substance use, treatment and help are available. For a mental health or substance use related emergency, call (insert county resource line).

Appendix B:
Sample Information Sharing Agreement

Sample Non-Disclosure Agreement

This Nondisclosure Agreement is entered by and between the (Local Health Department) and _____ for preventing the unauthorized disclosure of Confidential Information as defined below. The parties agree to enter a confidential relationship with respect to the disclosure of certain proprietary and confidential information.

Definition of Confidential Information: For purposes of this Agreement, "Confidential Information" shall include all information or material that has or could have medical, legal, and other personal identifying information. During Overdose Fatality Review (OFR) Committee meetings, all written and oral communication pertaining to the individuals named as "fatalities" is constituted as Confidential Information.

1. Explanation of Purpose for Disclosure: The OFR Committee will collect, consolidate, and catalog information obtained through a multi-pronged process of investigation, assessment, treatment, and counseling of individuals involved in drug overdose cases in (jurisdiction). By collecting data and sharing information from de-identified patients, the OFR Committee can analyze and discuss the potential trends, commonalities, and antecedent issues associated with each case in order to ostensibly inform the development of more effective modalities of prevention, intervention, and education in order to combat the opiate health crisis.

2. Exclusions from Confidential Information: Receiving Party's obligations under this Agreement do not extend to information that is: (a) publicly known at the time of disclosure or subsequently becomes publicly known through no fault of the Receiving Party; (b) discovered or created by the Receiving Party before disclosure by Disclosing Party; (c) learned by the Receiving Party through legitimate means other than from the Disclosing Party or Disclosing Party's representatives; or (d) is disclosed by Receiving Party with Disclosing Party's prior written approval.

3. Obligations of Receiving Party: Receiving Party shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the OFR Committee. Receiving Party shall carefully restrict access to Confidential Information to employees, contractors and third parties as is reasonably required

and shall require those persons to sign nondisclosure restrictions at least as protective as those in this Agreement. Receiving Party shall not, without prior written approval of Disclosing Party, use for Receiving Party's own benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Disclosing Party, any Confidential Information. Receiving Party shall return to Disclosing Party any and all records, notes, and other written, printed, or tangible materials in its possession pertaining to Confidential Information immediately if Disclosing Party requests it in writing.

4. Time Periods. The nondisclosure provisions of this Agreement shall survive the termination of this Agreement and Receiving Party's duty to hold Confidential Information in confidence shall remain in effect until the Confidential Information no longer qualifies as protected or until Disclosing Party sends Receiving Party written notice releasing Receiving Party from this Agreement, whichever occurs first.

5. Federal Protections for Information Disclosed from Records of Client Receiving Addiction Services: Client-identifying information disclosed to the Committee by providers of addiction services is protected by the federal regulations governing the confidentiality of such information, 42 C.F.R. Part 2. Therefore, in addition to all other protections provided for under this Agreement, such information shall not be disclosed by Receiving party to any third parties, aside from the members of the Committee at a meeting of the Committee, in a manner that identifies a person as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person, unless such disclosure is expressly permitted by 42 C.F.R. Part 2.

This Agreement and each party's obligations shall be binding on the representatives, assigns and successors of such party. Each party has signed this Agreement through its authorized representative.
THEREFORE, I have set forth my signature and will abide by these statutory requirements. I will not release this information to a third party (with myself being the second party).

_____ _____

Printed Name/Organization

Printed

Name/Organization

_____ _____

Signature Signature

Sample Authorization for the Exchange of Confidential Information

I, _____,

authorize Last Name First Name M.I.

_____ AND

_____ AND

_____ To

communicate with and disclose to one another the following information about me:

- ☐ My treatment history, including mental health and/or addiction services.
- ☐ My name, contact information and other personal identifying information.
- ☐ Treatment dates.
- ☐ Discharge summary/continuing care plan.
- ☐ Initial and subsequent evaluations of my service needs.
- ☐ Billing information.
- ☐ Recommendations/prognosis.
- ☐ Other: _____

The purpose of this exchange of information is:

- ☐ To evaluate my need for services and coordinate and provide those services to me.
- ☐ Family involvement.
- ☐ Payment for my services.
- ☐ Reporting my attendance and compliance with treatment to the Court.
- ☐ Satisfying legal requirements.
- ☐ Coordinating and planning for any crisis events I may experience.
- ☐ Other: _____

I understand that my alcohol and/or drug treatment records receive special protection under federal law (42 C.F.R. Part 2) and can only be re-disclosed as permitted by the federal regulations. I understand that my physical and mental health treatment records are protected by HIPAA but may be subject to re-disclosure if the recipient of my information is not subject to HIPAA. I understand that I may revoke this authorization at any time, except to the extent that the entity(ies) authorized to make the disclosure have taken action in reliance on it. Unless revoked earlier, this authorization will expire on this date: _____
OR this event: _____

This is a free and voluntary act by me. I understand that I may refuse to sign this authorization, if it is for purposes other than alcohol and/or drug treatment and payment for that treatment, and that my refusal to sign it for other purposes will not otherwise affect my ability to obtain treatment, my eligibility for benefits, or the payment provided for those services. I understand that refusing to sign this form does not prohibit disclosure of my health information that is otherwise permitted by law without my specific authorization or permission.

_____
Date

_____
Client Date of Birth

NOTICE TO RECIPIENTS OF ALCOHOL AND/OR DRUG TREATMENT INFORMATION: 42 CFR Part 2 prohibits unauthorized disclosure of these records.

Appendix C: Development Checklist

- ☐ Determine head agency (usually local health department).
- ☐ Identify EpiCenter and ODMAP leads.
- ☐ Draft sections with EpiCenter and ODMAP lead.
    - Include thresholds.
- ☐ Identify stakeholders.
- ☐ Convene stakeholder meetings.
    - Set data sharing agreements.
    - Set roles and responsibilities for stakeholders.
- ☐ Revise draft based on stakeholder discussions.
- ☐ Share draft with stakeholders.
- ☐ Revise draft based on stakeholder feedback.
- ☐ Conduct tabletop exercise with stakeholders.
- ☐ Final revision shared with stakeholders.
- ☐ Adopt final plan with stakeholders, share plan with ODH.
- ☐ Revise plan based on any ODH feedback (if applicable).
- ☐ Activate plan as needed.
- ☐ Annual reviews with stakeholders.
- ☐ Annual tests with stakeholders.